

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13064

State File No.

FILED MAR 25 1953		BIRTH NO. 26200		REG. DIST. NO. 367		PRIMARY REG. DIST. NO. 6234		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elkhorn)				c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fenton 4770			
d. FULL NAME OF HOSPITAL OR INSTITUTION South of Pendleton				d. STREET ADDRESS (If rural, give location) /					
3. NAME OF DECEASED (Type or Print)		a. (First) Russell		b. (Middle) Wayne		c. (Last) Stufflebean		4. DATE OF DEATH (Month) (Day) (Year) March 12, 1953	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH April 8, 1952		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min. 11 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Stufflebean				13b. MOTHER'S MAIDEN NAME Cora L. Bradley		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. Stufflebean, St. Louis County, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchitis (uncomplicated) DUE TO (c) Congenital debility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature Birth						INTERVAL BETWEEN ONSET AND DEATH four hours 2-3 days Since birth	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7730						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3-12 1953, to 3-12, 1953, that I last saw the deceased alive on 3-12, 1953, and that death occurred at 3 P.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Alfred N. Mackay, D.O.				23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED 3-14-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-13-53		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Warrenton, Mo.			
DATE REC'D BY LOCAL REG. 3-16-53		REGISTRAR'S SIGNATURE Hoyd Logan		421		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.W. NIEBURG & CO., WARRENTON, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John J. Heeling

Licensed Embalmer No. 3897

P. O. Address Warrenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.